

# CITY OF ANGELS



Utility Department – Automatic Bill Payment Application

Please return application to: City of Angels; PO Box 667; Angels Camp, Ca. 95222

## AUTHORIZATION FOR AUTOMATIC PAYMENT OF UTILITY BILL

I hereby authorize the City of Angels to initiate debit entries (and, if necessary, credit entries and adjustments for any debit entries in error) to my account(s) listed below. I also authorize the Financial Institution named below to debit and credit the same entries to such account(s).

Financial Institution	Transit/ABA Number*	Account Number
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Bank location (address for Financial Institution from front of check):

Type of Account

Checking ☐

Savings ☐

### PLEASE ATTACH A VOIDED COPY OF YOUR CHECK

\*The Transit/ABA routing number is located at the lower left hand corner of your check (usually the first 9 digits). If you are unsure of this number, please check with your financial institution. The Transit/ABA number and bank account number must be exact. This authorization shall remain in full force and effect until the City of Angels has received written notification from me of its termination in such time and in such manner as to afford the City of Angels and the Financial Institution a reasonable opportunity to act on it.

I understand that failure to ensure sufficient funds to cover the debit of my account for the amount listed on my utility bill is sufficient cause for termination of this agreement by the City of Angels Utility Dept. Additional charges may be assessed to my utility account and the City of Angels may terminate my utility services in such circumstances.

Name (please print)

Driver's License Number

Mailing Address

Telephone Number

City, State, Zip Code

Signature Date

### LIST BELOW ALL ACCOUNTS TO BE AUTOMATICALLY DEBITED

(Attach a second page if needed)

City of Angels Account Number

Service Address

City of Angels Account Number

Service Address

**\*Return original to City of Angels – Keep copy for your records**